UC Population Health Strategic Framework*: A systemwide approach, including scaled and shared infrastructure, to drive better value by improving health and healthcare outcomes, patient experience, and affordability for our patients

#1 Strategic Objective: Improve and expand population health management

Foci		Tactics
a.	Improving Patient Experience	Improve communication between providers and patients; Focus on <u>what matters to the patient</u>; Enable whole person-centered care approaches (e.g. Age Friendly Health Systems, Advance Care Planning, shared decision making)
b.	Access to services	Increase capacity and timely access to needed health care; increase alternatives to traditional in-person services (e.g. telehealth)
c.	Total cost of care	Optimize high risk/high cost population care delivery models through risk stratification-based care pathways and innovations (e.g., condition-specific care management, home-based care, integrated behavioral health)
d.	Diagnosis coding	Primary care and specialty care enhancement and support to optimize risk adjustment capture
e.	Care gap closure	Enhance clinical workflows, patient engagement, and population health centralized outreach initiatives with emphasis on metrics that are impactful to clinical outcomes
f.	Post-acute care	Extend use of post-acute and transitional care services and partnerships with post-acute care network
g.	Medical and procedural bundles	Prepare and/or implement value-based pathway(s) for identified high-value bundle(s)
h.	Social determinants of health (SDOH)	Collect SDOH information. Understand how to effectively engage members in the community and form systems where we connect patients with community resources to help address identified SDOH barriers
i.	Innovations in behavioral health	Ensure capacity and timely access to behavioral health services (e.g. tele-psychiatry innovations, Coordinated Care Model)
j.	Systemwide fundamental concepts and infrastructure	Standardize reporting definitions, e.g. primary care population, metrics, risk stratification, analytics and reporting
k.	Maintain and enhance the ability to provide all levels of primary and specialty care to UC employees.	Design and implement data-driven strategies to improve the quality, cost, and utilization of services provided to our employees (in partnership with UC Health Self-funded Health Plans)

* Developed by the Population Health Steering Committee

#2 Strategic Objective: Sustainability of the local and UC Health organizations		
Foci		**Tactics**
a.	Prepare workforce for value based care	Develop strategy for workforce education and training to broaden system understanding; incentives built into physician compensation plans and non-financial engagement tied to value-based contract outcomes
b.	New and existing alternative payment models	Assess and implement relevant new payment models to support value-based capabilities (e.g. ACOs, bundles, global budgets)
c.	Align contractual relationships	Oversee all risk-based contracts; ensure governmental and commercial managed care and fee-for-service contracts are aligned with population health management goals; understand how alternative payment models and managed care contracts affect the organization
d.	Growth in Medicare beneficiaries	Comprehensive strategy to meet patients' changing needs; understand and manage our Medicare population including population stratification and forecasting
e.	High performing network	Optimize network curation and configuration
f.	Support infrastructure for new and evolving contract structures	Develop plan to build infrastructure, including finance and actuarial resources (in partnership with UC Health Self-Funded Plans) to assess
g.	Joint data reporting	Leverage OMOP and CDI2 to centralize provision of supplemental or other data to health plans or other reporting entities

NOTE: The Population Health Steering Committee shall review the strategic framework on an annual basis and recommend changes to leadership.

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